

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 OCT 15 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000116345

1. Corporation Name

MIAMI DADE GROUP SERVICES, INC.

700161769537  
10/15/09--01036--006 \*\*300.00

**REINSTATEMENT** 08-09  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 900 SW 104TH CORT		3. Mailing Office Address SAME	
Suite, Apt. #, etc. B-308		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33174	Country MIAMI-DADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/23/2007	
5. FEI Number 26-1279065	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
JUAN I CARRION

Street Address (P.O. Box Number is Not Acceptable)  
900 SW 104TH COURT

Suite, Apt. #, Etc.  
B-308

City  
MIAMI, FLORIDA

State  
FL

Zip Code  
33174

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 10/113/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	JUAN I CARRION	900 SW 104TH COURT, # B-308	MIAMI FL 33174

10/16

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/13/2009

Daytime Phone # 786-3894628